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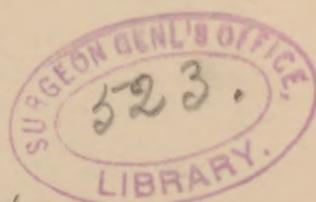
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York Neurological Society; of the Medico-
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HOME FOR HABITUÉS,
BROOKLYN,
N. Y.

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HYPNAL, THE NEW NERVINE.

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MEMBER OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIETY;
OF THE NEW YORK ACADEMY OF MEDICINE; OF THE NEW YORK
NEUROLOGICAL SOCIETY; OF THE MEDICO-LEGAL SOCIETY; OF THE
MEDICAL SOCIETY OF THE COUNTY OF KINGS.

I HAVE the pleasure of offering you to-night a therapeutic novelty—the only supply in America, so far as I know, of hypnal, specially imported for me—and giving you an account of my trials with it, which is, so far as I am aware, the first presented in this country.

Tersely told, hypnal is the product of combining equal parts of hydrate of chloral and antipyrine. It is an oily liquid of ether odor and chloral taste. Brought out last year in France, by Blainville, it was noted later by Behal and Choay, who found three distinct compounds, one of which was worthless; the others were called monochloral antipyrine and bichloral antipyrine. Reuter, testing one, gave it the dreadful name of mono-tri-chloral-acetyl-dimethyl phenyl-parazolone, and declared it inert. He, however, used the non-active product. Dr. Bardet, of the Cochin Hospital, made the first medical experiments, and—heaven bless him, called it hypnal. He reported twenty-two cases in which one gramme (fifteen-grain) doses acted well as a sedative, soporific, and anodyne, and especially useful in insomnia due to cough or pain.

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Frankel—whose paper in the September number of the *Bulletin gén. de Thérapeutique* is the latest from foreign sources—after thirty-three trials, wrote in its favor, Schmidt commends it; so, too, Quinquaid.

The consensus of opinion among continental observers is that hypnal is an efficient sedative, soporific, and analgesic; it is more hypnotic and less depressing than chloral; it is not caustic like chloral, nor irritant like antipyrine, and it is more readily taken, being more tasteless than either.

On respiration, it is much like chloral; on circulation it is less disturbing than chloral. It is antipyretic, and non-irritant by mouth, bowel, or skin. It is said to be particularly adapted to children, and to patients with phthisis, lessening fever, pain, insomnia, and unrest. Schmidt found that fifteen grains equalled, in sleeping effect, about nine grains of chloral.

The dose named by writers noted is fifteen to thirty grains. I have given fifteen to sixty by mouth—double, if by bowl—and fifteen hypodermically. It can be given in capsule or solution—preferably the former. If the latter, twice the amount of alcohol should be added to the elixir of syrup. By bowel, in gum arabic. Subcutaneously, direct. Convenient formulæ:

R.—Hypnal.....: m. xv.
Alcohol.....: m. ix.

Elixir of syrup.....: ad m. ccxl.

M. Sig.: One dose; one-third tumbler water after.

R.—Hypnal.....: m. xxx.
Mucilag. acaciæ.....: ʒ. i.

M. Sig.: One injection.

R.—Hypnal.....: m. xv.

M. Sig.: One dose, hypodermically.

I have used hypnal in 16 cases. The result has been: success, 10; partial success, 2; failure, 4. By failure is meant no relief from pain or insomnia; by partial success, limited or delayed sleep; by success, four to six hours' slumber. The dose has ranged from sixteen to sixty grains, in capsule or solution. Once it was given, fifteen minims, subcutaneously. The age of patients varied from twenty-eight to forty-nine years. One was a nervous hysterical female, a ten years' taker of morphine hypodermically, eighteen grains per diem. All were ex-opium habitués, the extent of their daily morphine taking varying in amount from six grains by mouth to eighteen grains subcutaneous; and in duration, four to twenty-seven years. This last point is a weighty one, for ex-poppy habitués are notoriously insomnic.

The first dose—five minims—was taken October 1st, by myself, to determine its hypodermic eligibility. No ill result followed. It gave rise to an aching pain, short—not sharp, like antipyrine—followed by a numbness, which, in part, persists. One patient, male, aged twenty-eight, a four years' hypodermic morphine-taker, sixteen grains per day, was given, October 12th, on the eighth night of his opium abstinence, fifteen minims in the thigh. The same ache, with swelling, but no abscess, resulted, and a small anaesthetic area remains.

The hypnal never caused vomiting or nausea. Once vertigo was noted. No effect on heart or lungs. Three times—fifteen minims subcutaneously, or thirty minims by mouth—it made an unrest so great, and no sleep, that hyoscin. hydrobrom. or chloralamid was required to quiet. The average wait for sleep was sixty-six minutes; the extremes fifteen minutes and three hours and a half. The longest sleep was six hours, the shortest two. In no case was relief from pain noted without sleep. Following failure, thirty grains chloralamid promptly brought slumber. Compared with the latter—which, *en passant*,

I think the hypnotic—thirty grains hypnal have less power than a like amount of chloralamid. As an anodyne, sedative, or hypnotic, it is less effective than a combination of phenacetine and chloralamid.

The making of antipyrine being controlled by one party, under patent, which does not expire until 1906, hypnal will not come into common use, as the price is too high, my supply costing forty-eight cents per drachm to import.

Through the courtesy of Dr. Edwin Reynolds, Attending Physician to the Brooklyn Home for Consumptives, four trials were made on phthisical patients. The results were *nil*. It should be said, however, that minimum doses only were used, and that the patients were such as would not warrant him in giving chloral, or an increase of hypnal.

This is the hypnal record:

CASE I.—Male. Thirty minims by mouth; asleep in sixty five minutes; slept four hours.

CASE II.—Male. Fifteen minims by mouth; asleep in sixty minutes; slept six hours.

CASE III.—Female. Thirty minims by mouth; no sleep; very restless all night.

CASE IV.—Male. Thirty minims by mouth; asleep in seventy minutes; slept five hours and a half.

CASE V.—Male. Fifteen minims by mouth; asleep in sixty-five minutes; restless before sleeping; slept five hours and a half, with quarter-hour break.

CASE VI.—Male. Fifteen minims hypodermically; no sleep; increasing painless unrest for three hours; then $\frac{1}{2}$ grain hyoscine hydrobrom. subcutaneously, with prompt quiet and sleep.

CASE VII.—Male. Thirty minims; asleep in thirty minutes; slept steadily six hours.

case over forty cases quiet—only one case I
can think of has trouble to induce exit a case now

CASE VIII.—Male. Thirty minims; asleep in thirty minutes; unbroken sleep six hours.

CASE IX.—Male. Thirty minims, awake and restless three hours; then thirty grains chloral amid, and four hours' sleep.

CASE X.—Male. Thirty minims; sleepless unrest two hours and a half; then two hours' quiet sleep.

CASE XI.—Male. Thirty-eight minims; asleep in seventy minutes; slept three hours and fifty-three minutes; awake five minutes; then forty-five minutes sleep; four hours and forty minutes in all.

CASE XII.—Male. Thirty-eight minims; awake three hours; quiet when awake; then thirty grains chloral amid, and prompt four hours' sleep.

CASE XIII.—Male. Forty-five minims; awake and restless two hours and three quarters; then sound sleep three hours and a half, with after report, "feeling better than for four years."

CASE XIV.—Male. Forty-five minutes; asleep in fifteen minutes; slept two hours; awake five minutes; then slept three hours and a half—five hours and a half in all; very quiet when awake, with morning report, "feeling unusually well."

CASE XV.—Male. Forty-five minims; sleepless unrest three hours and a half; sound sleep two hours; quiet after.

CASE XVI.—Male. Forty-five minims; awake two hours and ten minutes; then slept three hours and a half, with after calm.

My experience with hypnal warrants these conclusions:
Hypnotic—Fifteen to sixty minims, in most cases, efficient.

Sedative—The same dose, in most cases, effective.

Analgesic—Opinion reserved.

